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Written on January 25, 2016 at 6:41 pm by [Navy Medicine](#)

[A Long-Term Look at Quality of Life—The Wounded Warrior Recovery Project](#)

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Written By: Mike Galarneau , Naval Health Research Center, Director of Operational Readiness

At the Naval Health Research Center (NHRC) in San Diego, we are always looking for ways to improve the readiness of our military. Part of that mission is learning more about the aftermath of combat-injuries and looking at ways that we can improve recovery and rehabilitation and find ways to produce better quality of life outcomes, now and well into the future. The [Wounded Warrior Recovery Project \(WWRP\)](#), a longitudinal, tri-service study funded by the U.S. Navy Bureau of Medicine and Surgery (BUMED) and led by my team at NHRC, is helping do just that.

The primary goal of the WWRP is to learn what long-term quality of life and readiness issues our

combat-injured service members face. After our Marines, Soldiers, Sailors and Airmen are discharged from the hospital and complete their initial rehabilitative care and treatment, what is their daily life like at home and work? How well are they coping with their injuries? Are they adjusting to their prosthesis? How easily can they perform their daily activities?



Learning the answers to these questions and others can help ensure that our wounded warriors are receiving the care and support they need. The WWRP team collects and analyzes data directly from our wounded warriors about long-term quality of life outcomes. Our team then provides de-identified information to health care providers, military leaders, and policy makers to inform their decision-making.

Health care providers—physicians, physical and occupational therapists, mental health professionals—can use that information to assess current treatments and develop new ones that will improve long-range health outcomes. Leaders and policy makers can use our data to develop health policies and better allocate resources to meet the long-term needs of our combat-injured service members.

NHRC launched the WWRP in 2009 and began collecting data in 2013, after undergoing a rigorous process to obtain Institutional Review Board approval, provide data-collection safeguards, and obtain a Certificate of Confidentiality from the U.S. Department of Health and Human Services to protect the privacy of participants. Protecting the identity of our participants is an important component of this project.

We identified prospective participants by using the Expeditionary Medical Encounter Database (EMED). This is a tri-service data repository developed by our staff at NHRC that provides objective clinical and injury data on U.S. military personnel. Based on our preliminary work with EMED, over 55,000 service members are potential candidates for the WWRP. To date, we have over 3,000 enrollees, which is a good start, but we still have a long way to go to capture as much information as we can.

The way the study works is that we have participants complete an assessment at the initial enrollment and then we reach out to them every six months for the next 15 years. That may seem like a long time, but to help ensure that combat-injured service members are receiving the appropriate care, treatment, and support for their long-term recovery and quality of life, it's vital to follow participants over time.

The survey we use tracks their physical and mental health, as well as their quality of life to include social interaction, physical functioning, mobility, and symptom expression, such as pain. We use validated measures that include the Quality of Well-Being Scale, the Center for Epidemiological Studies Depression Scale, and the PTSD Checklist. It's a confidential, self-report survey that can be completed

online, over the phone, or by mail and typically takes 20-30 minutes to complete

Our results are compiled quarterly and shared with health care providers and leaders from several organizations including BUMED, the VA, and Wounded Warrior Battalions.

We encourage all combat-injured active duty and separated service members to [enroll in the WWRP](#) because the more data we can collect, the better the information we will have to help inform the doctors, nurses, and therapists providing their care and the policy makers who are making decisions about the resources and programs that will support them, now and into the future.

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